



Heritage Fund

ARIZONA GAME AND FISH DEPARTMENT
Attn: Heritage Fund Grants Coordinator
Director's Office
5000 W. Carefree Highway
Phoenix AZ, 85086

Project # _____

Date of Application: _____ Date Received: _____ Date Awarded: _____

HERITAGE FUND GRANT APPLICATION

To be eligible for a Heritage Fund Program Grant a applicant must be in compliance with provisions of Title VI of the 1964 Civil Rights Act and Section 504 of the Rehabilitation Act of 1973.

Applicant: _____
Submitted By: _____
Title/Position: _____
Address: _____
City: _____
State/Province: _____ Postal code: _____ County: _____
E-mail: _____
Home phone: _____ Office phone: _____ Fax: _____

NOTE: Please read the **Heritage Fund Grant Application Manual**. Using the Funding Window guidelines, select one of the following categories by placing an X in the appropriate box. **Outdoor Education Applicants** use separate 1-Page Application.

- ☐ **Environmental Education**
- ☐ **IIAPM** (Identification, Inventory, Acquisition, Protection and Management of Sensitive Habitat)
- ☐ **Public Access** _____ Land Access _____ Water Access
- ☐ **Schoolyard** _____ New Site Development _____ Enhancement and Restoration
- ☐ **Urban Wildlife/Urban Habitat** _____ Conflicts _____ Viewing _____ Corridors _____ Fishing

Project Title: _____

Project Location: _____

Legislative District(s): _____ County of impact: _____

Application Grant Project Summary (Maximum 600 characters with spaces)

The undersigned hereby offers and agrees to perform in compliance with all terms, conditions, specifications and scope in the application. Signature certifies understanding and compliance with the application attached hereto. Arizona Game and Fish Department may approve modifications to scope items, methodology, schedule, final products, and/or budget.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Address: _____

Phone(s): _____ Email: _____



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- a.** Explain the objectives of the project and action plan. Include how this meets one or more of the goals and/or objectives of the Funding Window you are applying for as listed in the Heritage Grant Application guidelines.

- b.** Duration of Project:

Beginning Date:

Ending Date:

Milestones (Date/Description):

- 1.
- 2.
- 3.
- 4.

- c.** Describe how you will measure success of the project?

- d.** How will your Organization promote/advertise this project, and the AZGFD Heritage Fund (Public Relations Plan)?

- e.** Please list your Local Community partners in this project along with their contact information.



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Project Budget Worksheet

Below is a listing of standard budget items. Please provide the project budget in this format and in this order.

a. Time Period this budget covers:

Heritage Fund Dollars Requested: _____

Local Match and/or Donations: _____

Total Project Costs: _____

b. **Expenses:** include a description and the total amount for each of the following budget categories, in this order:

EXPENSE	DESCRIPTION	Match/In-Kind /Donations	Heritage Request
Personnel	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Development	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Other	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Total Expense	_____	\$ <input type="text"/>	\$ <input type="text"/>



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PRIMARY CONTACT LIST

Explanation

- Applicant must have three (3) members directed to oversee the grant project.
- Overseers must be committed for duration of the grant time-line.
- Provide up- to- date contact information for all Overseers of the grant project.

PRIMARY CONTACT #1

Name _____ Title: _____
Organization _____
Project Role _____
Address _____
City _____
State/Province _____ Postal code _____ County _____
E-mail _____
Home phone _____ Office phone _____ Fax _____

PRIMARY CONTACT #2

Name _____ Title: _____
Organization _____
Project Role _____
Address _____
City _____
State/Province _____ Postal code _____ County _____
E-mail _____
Home phone _____ Office phone _____ Fax _____

PRIMATRY CONTACT #3

Name _____ Title: _____
Organization _____
Project Role _____
Address _____
City _____
State/Province _____ Postal code _____ County _____
E-mail _____
Home phone _____ Office phone _____ Fax _____

If there are changes during the grant period, Please notify Robyn Beck at rbeck@azgfd.gov